Local Health Integration Network

LHINfo Source

SPECIAL EDITION
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Continuing the Dialogue

Getting Engaged – for Health

The Central Local Health Integration Network (LHIN) is committed to listening to people. The health care system belongs to all of us. Each of us has a stake in improving it for the benefit of our community. We drafted a Stakeholder Engagement Strategy (SES) in early 2006. It outlined our principles and approach for engaging with a range of stakeholders, from health care providers to patients and families. We have already received your invaluable feedback on the early stages of the engagement process. Now the journey continues.

Phase I of our strategy (Fall, 2005) involved discussions with nearly 100 health service provider organizations. In phase II (Winter, 2006), we engaged over 400 members of our communities in 27 sessions about health care across the LHIN. We hosted 14 publicly advertised Community Roundtables in seven communities and had conversations with over 400 people during June 2006 as phase III of our strategy. Underscoring their importance, members of our board and our CEO attended all the roundtables.

The key purpose of the roundtables was to gather feedback. To fulfill our mandate of giving a broad cross-section of the local community input into shaping the future of health care, we need to talk, as well as listen to, all our stakeholders.

The roundtables helped us to gather input on the Central LHIN board's draft Strategic Plan. We listened to views on health issues that are the focus of working groups developing our Integrated Health Service Plan (IHSP).

Our goal was to bring anyone with an interest in health care in Central LHIN to the table. To get the word out about the roundtables, we advertised in major daily newspapers as well as local community papers. We put the call out via public service announcements broadcasted on air. Mass e-mails were sent to health care providers as well as a range of our contacts the LHIN has made through earlier engagement efforts. Flyers were also posted in a number of communities as another vehicle to spread the word.

"Our promise to you: We will listen respectfully to what you are saying; use your feedback/input in a meaningful and appropriate way; share with you what we heard; and always be accessible to you."

- Hy Eliasoph,
Chief Executive Officer,
Central LHIN

Caring Communities – Healthier People

Ontario

At the Community Roundtables

LHIN CEO Hy Eliasoph shared information about the process of developing our first Integrated Health Service Plan (IHSP). Linking and integrating health services to provide high quality and seamless patient care, responsive to local needs, was a key reason why LHINs were created.

The IHSP will provide a roadmap for how we move forward to create a truly effective and integrated health care system. Stakeholder input is a paramount piece of this puzzle. During the roundtables, Eliasoph explained how Central LHIN is creating opportunities to engage a range of stakeholders every step of the way.

Participants actively engaged in an exercise seeking their input into the Central LHIN's preliminary vision, mission and values. The LHIN's strategic directions and strategic priorities as proposed by the board of directors were also explored.

Participants selected a topic from a list of priorities. They were asked to choose an issue that most interested them or introduce a topic of their own and contribute to facilitated discussions. People collaborated in small groups to select a focus for an in-depth facilitated discussion addressing one or more of the crosscutting themes.

Following this exercise, participants seated by subject areas of their choice, discussed the 'priority topic'. Then each group was asked to examine an issue involving one or more of the following areas: access, co-ordination, integration, efficiency or effectiveness.

Themes From the Planning Priorities Roundtables

Overall, the discussions were broad and wide ranging. Many critical challenges facing the health care system were addressed.

Seniors

This discussion centred on the lack of support services for seniors in the community. Some seniors languish in hospital until they find the right long-term care bed, creating a 'bottleneck' in the system. Concerns were raised that doctors do not always take the time to listen to seniors. Elderly patients can feel rushed in appointments after seemingly waiting hours to see a doctor.

It was also expressed that there is insufficient information about what services exist, how to access them, if there is availability and who is eligible. Access to services can be even more complex for members of ethno-cultural groups and the "cultural competence" of some health providers needs to be improved. It was argued that financial barriers, racism, ageism and geographic isolation, are all issues that can create inequitable access to proper health care. Transportation is key to accessing services for seniors and keeping these individuals healthy. The issue of emergency rooms being used inappropriately was raised during the roundtables and this was attributed to a lack of the right services in the community or difficulties gaining access.

Mental Health and Addictions

Concerns were raised about the level of stigma still associated with mental health and addictions. This was viewed as even more pronounced in the case of immigrant and ethno-cultural communities. It was stated that physicians often lack training and information on mental health and addictions.

Finding assistance can be difficult even when an individual has reached the stage of willingly seeking help. There were seen to be many challenges in this area. There are long waits for services and this escalates in crisis situations. It was also seen that there is a real need for families to be included to a greater extent in treatment and planning. It was also noted that there are few support services for families.

Participants at the roundtables also focused on finding solutions to this challenging area. A need was seen for mental health promotion, prevention, early intervention and education about mental illness. More support was seen as being need for people suffering from mild to moderate mental health problems, i.e., depression, and anxiety disorders to try and avoid a later crisis.

Mental health issues relating to youths were also raised. The transition from youth to adult is difficult because there are few bridging services and little in the way of early intervention services.

The roundtables also discussed a lack of health care professionals and appropriate mental health services for Aboriginal clients.

"I have been in health care for 25 years and I have never been listened to like this before. I know I was heard. The process was great."

- Participant at session on June 21

Chronic Disease Management

This was another key area addressed at the roundtables. The system was seen as being difficult for someone with a chronic illness to navigate. Concerns were raised that there are not enough primary care providers to handle chronic diseases. Family physicians need the support of nurse practitioners, occupational therapists and naturopaths and pharmacists to assist in caring for people with chronic illness.

Views were also expressed that patients need to take greater responsibility to

manage their chronic disease. But they need support to do so.

The current health care system was described as one geared to deal with a crisis, like a heart attack. But it was seen as being less effective at dealing with chronic long-term problems and conditions. The issue was also raised that people with chronic diseases take a great deal of a physician's time, as their problems cannot be readily solved.

Primary Health Care

The roundtables heard of the need to look at alternate models of primary care that provide a team-based approach, for example Family Health Teams and Community Health Centres. Some also spoke of a need to educate physicians on the role and availability of services in the community. Recruiting and maintaining family physicians were also raised as issues because of the concern there are not enough doctors accepting new patients. Realities like age, ethnicity and language were seen as other barriers to accessing primary care.

Access

Access to health care was viewed as a varying issue of concern, partly depending on age group. Being confronted by voice mail when they were trying to reach an individual regarding their health care needs frustrated some. Not having family physician was expressed as a major obstacle to accessing services. Concerns were also raised about equity of access to services, especially for newcomers or people who do not speak English. The roundtables heard that use of technology to maximize service access for consumers and providers was one possible solution.

"Accessing the system is one problem, then working your way through it is another.... especially if you have a language barrier."

Co-ordination

Availability of services upon discharge from hospital was raised as a concern. Participants saw the need for greater co-ordination of these services. They also wanted to see physicians focus more on co-ordinating care, rather than just referring patients to others. It was also viewed that there needed to be an increased understanding of the continuum of services, in part to limit duplication.

"Most individuals would say that it's about time they don't have to answer the same questions several times, that the data is available."

Quality

Participants saw the essence of quality health care as having the right provider at the right time. The mix of available services needs to be addressed. The roundtables heard that there were too many resources devoted to serious illness and not enough to preventative care. As they saw it, the sicker you are the better care you receive from the system. But they saw a lack of support in the early stages to try a prevent people from becoming seriously ill.

To achieve equity in quality, participants called for standards of care and practice across providers. They also want to see mechanisms put into place to ensure accountability in the health care system. Better use of technology was viewed as an important means of improving the quality of care. They urge for a full introduction of an electronic health record to give physicians and other providers ready access to essential clinical information in order to deliver the best level of care to their patients.

"Isn't quality having someone beside the patient when they need help?"

Efficiency

To increase overall efficiency, participants argued for more doctors in the system and a greater focus on primary care. Family Health Teams were also seen as a way to use existing resources more efficiently. Questioning conventional wisdom, some participants argued that it is not always efficient to see a family physician first to address health concerns. To truly increase efficiency some argued that there had to be a willingness to make tough decisions to improve the system overall.

Integration

Concerns were raised about the great disconnect between providers. For example, they argued that hospitals are not adequately tied in to rehab centres. They saw the need for the integration of social and health services in the same team. Better integration of services will allow patients and their families to assume greater responsibility of their own health care. They argued that their needs to be greater incentives provided to encourage integration of the system. Funding is needed for health human resources to support integration efforts. Community Health Centres were also seen as a good model to enhance integration.

Better information and communication is required between and across providers to work toward a goal of true integration. They saw a lack of communication between those delivering services and patients and their family members.

Participants also spoke of the need to integrate recreational and mental health programs for people in long-term care.

Sharing Our Preliminary Thinking about our Vision, Mission and Values

The Central LHIN shared our preliminary thinking about our vision, mission and values with roundtable participants and asked for their feedback. The Central LHIN has a vision of Caring Communities – Healthier People. Our mission is to enable timely and equitable access to quality of services. We are committed to collaborating with consumers and a range of service providers. Our goal is to promote integration of services and improve the performance of the health care system.

Feedback on Our Proposed Vision and Mission

There was a great deal of support for our reference to "healthier people" in our vision statement. It was agreed that the focus should be on health and not illness.

It was viewed that the mission should also extend beyond traditional health care and treatment of illness. Instead it should capture as sense of wellness, health promotion and public education. Also, we need to ensure equitable access for all our residents, regardless of age, disability, culture or where people live.

Strategic Plan Values

We put forward 12 draft values for consideration. We received over 1,000 votes on their order of importance. They are listed below.

1. Collaboration/partnership
2. Quality and excellence
3. System responsiveness
4. People-centered
5. Openness and transparency
6. Community is the number one priority
7. Inclusiveness
8. Innovative
9. Integrity
10. Respect
11. Stewardship
12. Courage

Feedback on the Community Roundtables

Most participants found the roundtables were valuable because the experience allowed them to hear the views of others. They appreciated being able to express themselves candidly and have their concerns taken seriously. They were pleased to be given the opportunity to share a range of ideas and points of views with others, who care deeply about the future of our health care system.

For a detailed report of the Community Roundtables, please contact the Central LHIN.

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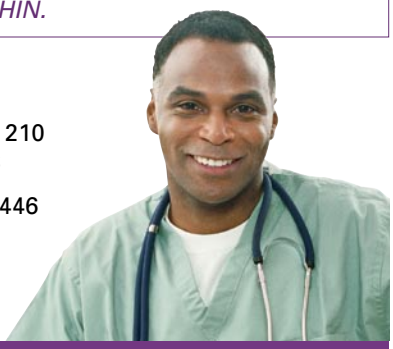

What's Next?

Phase IV of the Central LHIN's Stakeholder Engagement Strategy will include consultation with health service providers during the summer. In September, we will host a series of open houses to present our draft Integrated Health Service Plan where key people from our LHIN will be available to discuss the elements of the plan. The Central LHIN Board will then consider, assess and distil all the feedback and input in finalizing the IHSP for submission to the Minister and all our stakeholders by October 31, 2006.